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<b>NAME:</b>	<b>FACSIMILE:</b>
MS Amendment U.S. Patent and Trademark Office	(571) 273-8300

**FROM:** Michael R. Ward,  
Reg. No. 38,651**DATE:** November 22, 2005

<b>Number of pages with cover page:</b>	10	
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**ATTORNEY DOCKET NO.:** 506612000100  
**SERIAL NO.:** 10/006,290  
**FILING DATE:** October 22, 2001  
**INVENTOR(S):** Jay WOHLGEMUTH et al  
**TITLE:** LEUKOCYTE EXPRESSION PROFILING  
**EXAMINER:** B. Sisson  
**GROUP ART UNIT:** 1634**Papers attached herewith:**

1. Transmittal - 1 pg.
2. Fee Transmittal - in duplicate, 2 pgs.
3. Petition for Extension of Time - 1 pg.
4. Response to Restriction Requirement - 5 pgs.

sf-2039502

NOV 22 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/006,290
		Filing Date	October 22, 2001
		First Named Inventor	Jay WOHLGEMUTH
		Art Unit	1634
		Examiner Name	B. Sisson
Total Number of Pages in This Submission	9	Attorney Docket Number	506612000100

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pgs.) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (6 pgs.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 pg.) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fax Coversheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20672)		
Signature	<i>Michael R. Ward</i>		
Printed name	Michael R. Ward		
Date	November 22, 2005	Reg. No.	38,651

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, MS Amendment, at fax no. 571-273-8300, on the date shown below.	
Dated: November 22, 2005	Signature: <i>Laura Tsang</i> (Laura Tsang)

sf-2035264

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P. 3

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PTO/SB/17 (12-04v2)

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Effective on 12/02/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
<b>FEE TRANSMITTAL For FY 2005</b>				Application Number	10/006,290		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	October 22, 2001		
				First Named Inventor	Jay WOHLGEMUTH		
				Examiner Name	B. Sisson		
				Art Unit	1834		
TOTAL AMOUNT OF PAYMENT		(\$)		60.00	Attorney Docket No.	508812000100	
<b>METHOD OF PAYMENT (check all that apply)</b>							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description						Small Entity Fee (\$)	
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
18		-54 =	0	x 25.00 =		0.00	
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
1		-9 =	0.00	x 100.00 =		0.00	
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
		-100 =	/50		(round up to a whole number) x		
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month						60.00	
<b>SUBMITTED BY</b>							
Signature		<i>Michael R. Ward</i>		Registration No.	38,651	Telephone	(415) 268-6237
Name (Print/Type)		Michael R. Ward		Date		November 22, 2005	

sf-2035263

NOV 22 2005

PTO/S&amp;M7 (12-04-2)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<p><small>Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		<p style="text-align: right;"><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/006,280</td> </tr> <tr> <td>Filing Date</td> <td>October 22, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Jay WOHLGEMUTH</td> </tr> <tr> <td>Examiner Name</td> <td>B. Sisson</td> </tr> <tr> <td>Art Unit</td> <td>1634</td> </tr> <tr> <td>Attorney Docket No.</td> <td>506612000100</td> </tr> </table>		Application Number	10/006,280	Filing Date	October 22, 2001	First Named Inventor	Jay WOHLGEMUTH	Examiner Name	B. Sisson	Art Unit	1634	Attorney Docket No.	506612000100
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____															
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18	-54 =	0	x 25.00 =	0.00	180.00	0.00									
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)												
1	-8 =	0.00	x 100.00 =	0.00											
<b>3. APPLICATION SIZE FEE</b>															
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)											
_____ - 100 = _____	/50	_____, (round up to a whole number) x _____ = _____													
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<i>Michael R. Ward</i>	38,651	(415) 268-6237													
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Michael R. Ward	November 22, 2005														